

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032432

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4522

FILED SEP 11 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kansas City

Length of stay in 1b  
37 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 315 E. 78th St. Terr.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson

c. CITY  
OR  
TOWN Kansas City

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS 315 E. 78th St. Terr.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
LENA

Middle  
M.

Last  
SCHMEDDING

4. DATE  
OF  
DEATH

Month  
August

Day  
12

Year  
1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-11-1877

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Home

11. BIRTHPLACE (City and state or country)  
Montrose, Missouri

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

John Cook

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

John M. Schmedding

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

M. J. Schmedding, 8642 Hiwatha Rd.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN  
ONSET AND DEATH

Acute

DUE TO (b)

Cerebral Arteriosclerosis

Unknown

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

Thur. Aug 8 1963

Mon. Aug 12 1963

Mon. Aug 12, 1963

22a. SIGNATURE

(Degree or title)

William R. Doherty M.D.

22b. ADDRESS 2108 W. 75th  
Prairie Village

22c. DATE SIGNED  
Aug 13, 1963

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

23b. DATE  
8-14-1963

23c. NAME OF CEMETERY OR CREMATORY  
Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)  
Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Mellody-McGilley-Eylar Funeral Home

25. DATE RECD. BY LOCAL REG.

8-13-63

26. REGISTRAR'S SIGNATURE

Ruth Long

Woodland-Linwood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

William R. Doherty, MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1  
2 39082  
3  
4 1  
5 2  
6  
7 0  
8 0  
9 331x  
10  
11  
12 90-0  
13

Dr. Wm R. Doherty  
2108 W 75th St

En 2-2900

1-5 PM <sup>3P</sup> Thurs

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James R. Phillips*

Licensed Embalmer No. 4641

P. O. Address K.C. Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.